

IV. Department of Health and Family Services – Joe Lekan, Secretary

The department requests the release of \$2,200,000 GPR in 1997-98 and \$1,300,000 GPR in 1998-99 from s. 20.865(4)(a), the Joint Committee on Finance's supplemental appropriation, to implement the women's health initiative which was approved in 1997 Act 27, the Biennial Budget Bill. Of that funding, \$1,700,000 in 1997-98 and \$1,200,000 in 1998-99 would be transferred to s. 20.435(5)(cb), the women's health services appropriation, and \$500,000 in 1997-98 and \$100,000 in 1998-99 would be transferred to s. 20.435(5)(cc), the cancer control appropriation. The Committee required the Department of Health and Family Services to submit a plan specifying the criteria under which grants would be awarded prior to releasing the grant funds from the Committee's appropriation.

Governor's Recommendation

Approve the request.

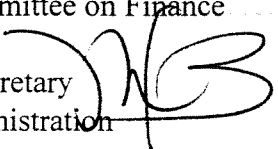
TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

**Date:** December 18, 1997

**To:** Members, Joint Committee on Finance

**From:** Mark D. Bugher, Secretary  
Department of Administration 

**Subject:** Section 13.10 Request from the Department of Health and Family Services for the Women's Health Program

### **Request**

The department requests the release of \$2,200,000 GPR in 1997-98 and \$1,300,000 GPR in 1998-99 from s. 20.865(4)(a), the Joint Committee on Finance's supplemental appropriation, to implement the women's health initiative which was approved in 1997 Act 27, the Biennial Budget Bill. Of that funding, \$1,700,000 in 1997-98 and \$1,200,000 in 1998-99 would be transferred to s. 20.435(5)(cb), the women's health services appropriation, and \$500,000 in 1997-98 and \$100,000 in 1998-99 would be transferred to s. 20.435(5)(cc), the cancer control appropriation. The Committee required the Department of Health and Family Services to submit a plan specifying the criteria under which grants would be awarded prior to releasing the grant funds from the Committee's appropriation.

### **Background**

In the biennial budget bill the Governor proposed a women's health initiative to address women's health problems through a variety of methods including education on prevention, screenings for certain diseases such as breast cancer, educational materials and dissemination of information from researchers to health professionals on diseases affecting women. The Joint Committee on Finance approved the funding levels proposed by the Governor but wanted more detail on the criteria which would be used to award the grants. As a result, they placed funding for the grant programs in the JCF supplemental appropriation and required DHFS to develop a more detailed plan on the initiative which would need to be approved by JCF under s. 13.10 in order to have the funds released from the Committee's appropriation. This request forwards the plan and seeks release of the grant funding.

### Analysis

There are several components to the women's health grant program which are outlined below.

#### A. Women's Health Awareness Program \$500,000 GPR 1997-98

The goal of this program is to increase women's awareness of health issues that affect them and to consequently reduce the prevalence of certain diseases. It is modeled after the National Governors' Association Spouses Program where, through public awareness publicity campaigns, information will be provided on cardiovascular disease, breast cancer, osteoporosis, mental health and domestic abuse. One contract for \$100,000 will be awarded to an organization that will develop the publicity campaign and this entity, in turn, will subcontract with community-based organizations in each of the five Division of Health (DOH) regions to run local awareness campaigns. The five local grants will be funded at \$40,000 each.

In addition, a total of \$200,000 will be awarded as "mini-grants" ranging between \$10,000 and \$25,000 to researchers in areas of women's health to help translate research findings into practice by sharing such findings with health professionals.

#### B. Women's Cancer Control Program Expansion \$200,000 GPR in 1997-98 \$200,000 GPR in 1998-99

Currently, both state and federal funds are used for prevention of and screening for breast and cervical cancer. The new funding will be used to expand the scope of services provided under this program and also to provide health promotion and education on problems affecting women including diabetes, osteoporosis, cardiovascular disease, substance abuse, domestic abuse and depression. Five grants of \$40,000 each will be awarded, in each of the five DOH regions.

#### C. Well-Woman Health Screening Program \$1,000,000 GPR in 1997-98 \$1,000,000 GPR in 1998-99

Under this program screening, diagnosis and health education services will be provided to low-income, uninsured and underinsured women. Again, grants will be awarded in each of the five DOH regions and could be given to a variety of entities including local public health agencies and non-profit providers. Screening and prevention activities would address cardiovascular disease, breast and cervical cancer, osteoporosis, diabetes, high blood pressure, depression and domestic abuse.

D. Mobile Mammography Services  
\$500,000 GPR in 1997-98  
\$100,000 GPR in 1998-99

Finally, funds will be awarded to support the purchase and operation of a mobile mammography van. Such a program currently operates in Milwaukee and has been successful in reaching women who may not have the means to travel to have this test. In the first year, \$400,000 would be used to purchase the van and the balance would be used for operating costs. Second-year funding would be used for operating costs.

The area of operation of the van has not been determined. Currently, the Milwaukee area is covered and Marshfield Clinic provides some services in central Wisconsin. The two areas of the state not currently served are southwestern and northeastern Wisconsin. However, staff noted that the van is most effectively used in an area where there are resources, such as large hospitals and clinics, which can provide in-kind services to support the van. As a result, staff have indicated that the funding could potentially be used to expand the service area of existing programs.

Award Criteria

Three of the four programs have very similar grant award criteria specified in the plan. Through the request for proposal process, applicants for the Women's Health Awareness Program, the Well-Woman Health Screening Program and the Mobile Mammography Program must have:

- Matching Funds: Award recipients must provide a cash or in-kind match equivalent to 25% of the grant amount.
- Experience: The applicant must demonstrate a familiarity and experience with women's health issues.
- Staff: Staff qualifications should be appropriate for the service provided and in certain circumstances, such as being in an area with significant numbers of persons who do not speak English, applicants must commit to hiring staff, to the extent possible, who reflect the cultural and/or racial makeups of the target population.
- Target Population: The successful applicant must be able to document women's health needs in the service area.
- Program Description: The services to be offered must fulfill the goal of the state program component.

- Evaluation: The awardee must implement an evaluation plan that will document whether program goals were met.
- Workplan: The timetable, budget and staffing patterns of the program must be reasonable.
- Coordinated Services: The applicant must demonstrate how community groups and agencies will be involved with the program and how referrals will be made to other appropriate service providers to ensure, to the extent possible, that women are receiving the services they need.

Unlike the criteria for three of the four programs, the criteria for award of the cancer control funds are much less specific. The plan indicates that the grantee must have referral arrangements in place with Health Check and Medical Assistance providers for women who are eligible for these programs and that they will coordinate their service provision with other organizations in the region. However, DHFS staff explained that the women's cancer control program which currently exists awards grants under criteria similar to those identified above except that these grants are not subject to a match requirement.

The criteria selected for awarding grants appear to be reasonable, thorough and comprehensive enough to ensure that quality racially- and culturally-appropriate services are provided throughout the state.

#### Timetable

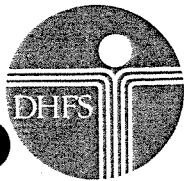
Due to the late passage of the budget, DHFS has compressed the timetable for developing the requests for proposals to ensure that the programs can be implemented during FY98. Of the four programs, the Department has decided that the public awareness campaign is most important so the development of that program will begin in January, 1998 with the expectation that contracts will be signed by the end of March. Work on the requests for proposals for the other three program components will begin in February with contracts to be signed by the end of April or beginning of May.

It could be argued that due to the late start in this fiscal year not all of the funding would be needed. However, DHFS staff indicate that as long as the contracts are signed prior to the end of the fiscal year, the funds can be encumbered and carried over into FY99. Since some of the programs are new or, in the case of the mobile van, may be operating in new areas of the state, it is difficult at this time to predict usage of the newly available services. As a result, it would seem premature to reduce funding for FY98 at this time. Once the programs are running, the funding levels could be reevaluated to determine whether the amounts appropriated are adequate. Since the Governor recommended these funding levels and the Legislature concurred, it would seem contrary to legislative intent to reduce the funding levels at this time.

**Recommendation**

Approve the request.

Prepared by: Susan Jablonsky  
267-9546



State of Wisconsin  
Department of Health and Family Services

Tommy G. Thompson, Governor  
Joe Leean, Secretary



November 20, 1997

The Honorable Brian Burke  
Senate Co-Chair, Joint Committee on Finance  
Room LL1, 119 Martin Luther King Jr. Blvd.  
Madison, WI 53702

The Honorable John Gard  
Assembly Co-Chair, Joint Committee on Finance  
Room 315 North, State Capitol  
Madison, WI 53702

Dear Senator Burke and Representative Gard:

The Department requests the Joint Committee on Finance, acting under its authority in s. 13.101(3), to release funds provided for the Women's Health Campaign created in 1997 Wisconsin Act 27, the Biennial Budget act. Act 27 directs the Department to submit a plan to Joint Finance for the use of these funds and allows the Committee to release funds from its appropriation for this purpose without requiring that an emergency exists. The Department's plan for the use of these funds is outlined in the attached document.

The goal of the Women's Health Campaign is to increase women's awareness of health issues that affect them and reduce the prevalence of chronic health problems. The three programs that the Department will be administering as part of the Women's Health Campaign include the Women's Health Awareness Program (\$500,000 in FY 98), an expanded Wisconsin Women's Cancer Control Program (\$200,000 in each year of the biennium) and the Well-Woman Health Screening Program (\$1 million in each year of the biennium). In addition, the Department proposes to award a single grant of \$600,000 over the biennium to an organization to operate a van that will support a mobile mammography program for underserved populations in the state.

The Department's workplan specifies the basis on which the funds will be distributed and what the criteria for the awards will be. The workplan also describes the objectives of each program, the funding to be provided and the type of service to be provided. The timeline for the awarding of RFPs to service providers is outlined as well.

I believe that this plan addresses issues raised by the Legislature in its review of the Women's Health program during the 1997-99 biennial budget proceedings. The Department is anxious to begin implementing this program and I look forward to the release of these funds.

I will be at the December 18 meeting to represent the Department.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe Leean".

Joe Leean  
Secretary

cc: Bob Lang, LFB



## WISCONSIN WOMEN'S HEALTH CAMPAIGN DHFS WORKPLAN

### Abbreviations:

WHO = Women's Health Office  
WWCCP = Wisconsin Women's Cancer Control Program  
BHMA = Bureau of Health Management and Analysis  
BPH = Bureau of Public Health

### Table of Contents:

Women's Health Awareness Program - page 1-3  
Wisconsin Women's Cancer Control Program - Expanded - page 4  
Well-Woman Health Screening Program - page 5-7  
Mobile Mammography Screening Services Program - page 8-10

PROGRAM	DESCRIPTION	TIMELINE
<b>Women's Health Awareness Program</b>  <b>Lead: WHO/BHMA</b>  <b>Funding :\$500,000 FY98</b> <b>1) awareness campaign: \$100,000</b>  <b>2) RFPs: \$200,000 (5 at \$40,000 each)</b>  <b>3) mini-grants: \$200,000 (\$10 - 25,000 each)</b>	<p><b>Goal:</b> Increase women's awareness of health issues that affect them and reduce the prevalence of chronic and debilitating health outcomes.</p> <p><b>Two parts:</b></p> <p>1) Public awareness campaign modeled after the National Governors' Association, Governors' Spouses Program: focus on cardiovascular disease, breast cancer, osteoporosis, mental health, and domestic abuse. One RFP will be issued to identify an organization that can develop, coordinate and implement the campaign. This entity will then subcontract with community-based organizations to conduct local awareness campaigns; a total of five (5) in each DOH geographic region of the state.</p> <p>2) Mini-grants to university researchers to support the translation of health research into health practice by disseminating and distributing information to the health care professional community.</p> <p><b>Criteria for awards: (may be slightly modified for each component)</b></p> <p><b>Matching Funds</b> Applicants must demonstrate an ability to provide funds or in-kind services to match 25% of the amount of the grant awarded.</p> <p><b>Organizational Experience</b> Applicant has an understanding of women's health issues and has experience in the development and provision of awareness messages on these issues to the public.</p>	<ul style="list-style-type: none"> <li>• 1/9/98 draft RFPs</li> <li>• 1/23/98 release RFPs</li> <li>• 2/13/98 letters of intent to apply due</li> <li>• 2/27/98 due date for applications/proposals</li> <li>• 3/2/98 proposals sent to evaluation panel members</li> <li>• 3/16/98 evaluation materials due</li> <li>• 3/18/98 final award recommendation to Administrator</li> <li>• 3/23/98 proposers notified of awards</li> <li>• 3/27/98 appeals due</li> <li>• 3/30/98 contracts start</li> </ul>

<p><b>Women's Health Awareness Program continued</b></p>	<p><b><u>Staffing and Qualifications of Applicant Organizations</u></b>  Applicant agency either has existing qualified personnel or has proposed a functional staff or volunteer model which is capable of supporting program activities. Staff which will be charged to the grant have been fully justified and are reasonable and necessary for carrying out the project. Personnel including volunteers, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, and/or proposed training plans. Programs with significant minority populations in their service area have made or will make a substantive effort to recruit, hire, and train minority staff/volunteers and clearly identify the manner in which they will provide in-service awareness and cultural competency training for all staff/volunteers. Programs with significant limited English speaking populations within the service area are able to identify specific actions to be taken to hire bilingual staff or to locate persons within a reasonable amount of time who can communicate with limited English speaking persons. Programs will be responsible for developing and using materials that represent the diverse languages, e.g., Hmong, Spanish etc.</p> <p><b><u>Needs Statement/Target Population</u></b>  The applicant's response shows that they have an excellent understanding of the unmet needs of women living in their county or tribal area related to providing community health education messages. The proposal fully documents the extent of the problem with statistical data where available. The applicant provides specific demographic information about the target population, e.g. age, sex, minority, rural, low-income, and other special characteristics. The needs of underserved populations are addressed.</p> <p><b><u>Program Description</u></b>  The organization's mission statement fits in with the goals of the program. The services provided meet the program requirements that are described in the RFP including health fairs, public service announcements, production of brochures, videos etc.</p> <p><b><u>Evaluation and Outcome Measurement</u></b>  The applicant has a sound and reasonable plan for evaluating the project. Goals</p>
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<p><b>Women's Health Awareness Program continued</b></p>	<p>and corresponding indicators are consistent with the goals of the RFP. Indicators are measurable and will help the program determine if it is meeting its goals. Specific data collection and analysis techniques are described. The evaluation plan is able to provide an objective analysis of the effectiveness or impact of the project.</p> <p><b><u>Work Plan</u></b></p> <p>The applicant's plans are clearly stated, realistic and are consistent with the program requirements of the RFP. The methods described in the work plan will facilitate the project's accomplishing what has been proposed, and are sequentially reasonable. The methods can be accomplished given the time frames, staffing patterns, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. Applicants that serve minority populations must include a description of how any cultural barriers will be overcome, in order to ensure cultural competence.</p> <p><b><u>Coordinated Service Delivery</u></b></p> <p>Applicant demonstrates that necessary community agencies have been or will be involved in the planning and execution of the project (including law enforcement, the courts, social services, schools, minority community-based agencies/organizations/advocacy groups, legal services and health service providers as appropriate) to achieve a coordinated approach. Application includes a description of how applicant will work with local partners. Interagency agreements and letters of cooperation are included, or applicant describes a plan for securing the interest and cooperation of community agencies.</p>
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<p><b>Wisconsin Women's Cancer Control Program - Expanded</b></p> <p><b>Lead: WWCCP/BPH</b></p> <p><b>Funding: \$400,000</b></p> <p><b>\$200,000 FY 98</b></p> <p><b>\$200,000 FY 99</b></p>	<p><b>Goal:</b> To expand the scope of services provided by the Wisconsin Women's Cancer Control Program beyond screening for breast and cervical cancer to include health promotion and primary prevention for cardiovascular disease, osteoporosis, diabetes, depression, domestic abuse, and substance abuse. Under a pilot program, DHFS will award a total of five (5) grants, one in each of the 5 DOH regions, of approximately \$40,000 each. The RFP process will be tied to the existing WWCCP service coordination grants and will be a competitive process based on the following two elements:</p> <ul style="list-style-type: none"> <li>• Applicants must demonstrate that they have or will have referral agreements in place with providers, including Health Check and Medicaid providers for those women who are eligible.</li> <li>• Successful applicants would collaborate with other agencies in their regions to provide outreach, education, and referral services.</li> </ul>	<ul style="list-style-type: none"> <li>• 2/2/98 draft RFPs</li> <li>• 2/23/98 release RFPs</li> <li>• 3/9/98 notice of intent to apply due</li> <li>• 3/30/98 due date for applications/proposals</li> <li>• 3/31/98 proposals sent to evaluation panel members</li> <li>• 4/14/98 evaluation materials due</li> <li>• 4/17/98 final award recommendation to Administrator</li> <li>• 4/20/98 proposers notified of awards</li> <li>• 4/27/98 appeals due</li> <li>• 5/1/98 contracts start</li> </ul>
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<p><b>Well-Woman Health Screening Program</b> (formerly called "Health Check for Wisconsin Women")</p> <p><b>Lead:</b> WHO/BHMA</p> <p><b>Funding:</b> \$2 million</p> <p><b>\$1 million FY 98</b> <b>\$1 million FY 99</b></p>	<p><b>Goal:</b> Provide health screening services targeted toward low-income, underinsured and uninsured women. RFPs are open to local health departments, FQHCs, private non-profit, provider group, or other entities and will be issued in each of the five DHFS Regions. Funds will cover screening, diagnosis, assessment and health education for women's health risks including heart disease, breast and cervical cancer, osteoporosis, diabetes, hypertension, depression, and domestic abuse.</p> <p><b>Criteria for awards:</b></p> <p><b>Matching Funds</b> Applicants must demonstrate an ability to provide funds or in-kind services to match 25% of the amount of the grant awarded.</p> <p><b>Organizational Experience</b> Applicant has an understanding of women's health issues and has experience in the development and provision of health screening services to underserved populations.</p> <p><b>Staffing and Qualifications of Applicant Organizations</b> Applicant agency either has existing qualified personnel or has proposed a functional staff or volunteer model which is capable of supporting program activities. Staff which will be charged to the grant have been fully justified and are reasonable and necessary for carrying out the project. Personnel including volunteers, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, and/or proposed training plans. Programs with significant minority populations in their service area have made or will make a substantive effort to recruit, hire, and train minority staff/volunteers and clearly identify the manner in which they will provide in-service awareness and cultural competency training for all staff/volunteers. Programs with significant limited English speaking populations within the service area are able to identify specific actions to be taken to hire bilingual staff or to locate persons within a reasonable amount of time who can communicate with limited English speaking persons. Programs will be responsible for developing and using</p>	<ul style="list-style-type: none"> <li>• 2/6/98 draft RFPs</li> <li>• 2/20/98 release RFPs</li> <li>• 3/6/98 letters of intent to apply due</li> <li>• 3/27/98 due date for applications/proposals</li> <li>• 3/30/98 proposals sent to evaluation panel members</li> <li>• 4/14/98 evaluation materials due</li> <li>• 4/17/98 final award recommendation to Administrator</li> <li>• 4/20/98 proposers notified of awards</li> <li>• 4/24/98 appeals due</li> <li>• 4/30/98 contract starts</li> </ul>
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<p><b>Well-Woman Health Screening Program continued</b></p>	<p>materials that represent the diverse languages, e.g., Hmong, Spanish etc.</p> <p><b><u>Confidentiality</u></b>  The applicant agency must comply with applicable state statutes on confidentiality. The applicant has provided a copy of the agency's confidentiality policy as part of the application. The discussion provided by the applicant demonstrates their understanding of the importance of confidentiality and provides a good plan for ensuring confidentiality will be maintained. The applicant has a plan for safe record keeping practices and ensuring that files will remain confidential.</p> <p><b><u>Needs Statement/Target Population</u></b>  The applicant's response shows that they have an excellent understanding of the unmet needs of women living in their county or tribal area related to providing health screening services. The proposal fully documents the extent of the problem with statistical data where available. The applicant provides specific demographic information about the target population, e.g., age, sex, minority, rural, low income, and other special characteristics. The needs of underserved populations are addressed.</p> <p><b><u>Program Description</u></b>  The organization's mission statement fits in with the goals of the program. The services provided meet the program requirements that are described in the RFP.</p> <p><b><u>Evaluation and Outcome Measurement</u></b>  The applicant has a sound and reasonable plan for evaluating the project. Goals and corresponding indicators are consistent with the goals of this RFP. Indicators are measurable and will help program determine if it is meeting its goals. Specific data collection and analysis techniques are described. The evaluation plan is able to provide an objective analysis of the effectiveness or impact of the project.</p> <p><b><u>Work Plan</u></b>  The applicant's plans are clearly stated, realistic and are consistent with the program requirements of the RFP. The methods described in the work plan will facilitate the project's accomplishing what has been proposed, and are</p>
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<p><b>Well-Woman Health Screening Program continued</b></p>	<p>sequentially reasonable. The methods can be accomplished given the time frames, staffing patterns, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. Applicants that serve minority populations must include a description of how any cultural barriers will be overcome, in order to ensure cultural competence.</p> <p><b><u>Coordinated Service Delivery</u></b></p> <p>Applicant demonstrates that necessary community agencies have been or will be involved in the planning and execution of the project (including law enforcement, the courts, social services, schools, minority community-based agencies/organizations/advocacy groups, legal services and health service providers as appropriate) to achieve a coordinated approach. Application includes a description of how applicant will work with local partners. Interagency agreements and letters of cooperation are included, or applicant describes a plan for securing the interest and cooperation of community agencies.</p>	
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<p><b>Mobile Mammography Services Program</b></p> <p><b>Lead:</b> WHO/BHMA</p> <p><b>Funding:</b> \$600,000 over the biennium</p>	<p><b>Goal:</b> DHFS will award a single grant to an applying entity to support a mobile mammography program for underserved populations in the state. Funds may be used to build on existing mobile mammography programs.</p> <p><b>Criteria for award:</b></p> <p><b>Matching Funds</b> Applicants must demonstrate an ability to provide funds or in-kind services to match 25% of the amount of the grant awarded.</p> <p><b>Organizational Experience</b> Applicant has an understanding of women's health issues and has experience in or clearly demonstrates the ability to perform the operation and administration of a mobile mammography program.</p> <p><b>Staffing and Qualifications of Applicant Organizations</b> Applicant agency either has existing qualified personnel or has proposed a functional staff or volunteer model which is capable of supporting program activities. Staff which will be charged to the grant have been fully justified and are reasonable and necessary for carrying out the project. Personnel including volunteers, proposed for this project are or will be well qualified as evidenced by position requirements, education/experience, and/or proposed training plans. Programs with significant minority populations in their service area have made or will make a substantive effort to recruit, hire, and train minority staff/volunteers and clearly identify the manner in which they will provide in-service awareness and cultural competency training for all staff/volunteers. Programs with significant limited English speaking populations within the service area are able to identify specific actions to be taken to hire bilingual staff or to locate persons within a reasonable amount of time who can communicate with limited English speaking persons. Programs will be responsible for developing and using materials that represent the diverse languages, e.g., Hmong, Spanish etc.</p>	<ul style="list-style-type: none"> <li>• 2/16/98 draft RFPs</li> <li>• 3/9/98 release RFPs</li> <li>• 3/23/98 notice of intent to apply due</li> <li>• 4/14/98 due date for applications/proposals</li> <li>• 4/15/98 proposals sent to evaluation panel members</li> <li>• 4/29/98 evaluation materials due</li> <li>• 5/1/98 final award recommendation to Administrator</li> <li>• 5/4/98 proposers notified of awards</li> <li>• 5/8/98 appeals due</li> <li>• 5/11/98 contract starts</li> </ul>
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<p><b>Mobile Mammography Services Program continued</b></p>	<p><b><u>Confidentiality</u></b> The applicant agency must comply with applicable state statutes on confidentiality. The applicant has provided a copy of the agency's confidentiality policy as part of the application. The discussion provided by the applicant demonstrates their understanding of the importance of confidentiality and provides a good plan for ensuring confidentiality will be maintained. The applicant has a plan for safe record keeping practices and ensuring that files will remain confidential.</p> <p><b><u>Needs Statement/Target Population</u></b> The applicant's response shows that they have an excellent understanding of the unmet needs in their county or tribal area related to providing breast cancer screening services. The proposal fully documents the extent of the problem with statistical data where available. The applicant provides specific demographic information about the target population, e.g. age, sex, minority, rural, low income, and other special characteristics. The needs of underserved populations are addressed. The applicant identifies a reasonable number of clients to be served by the program.</p> <p><b><u>Program Description</u></b> The organization's mission statement fits in with the goals of the program. The services provided meet program requirements that are described in the RFP.</p> <p><b><u>Evaluation and Outcome Measurement</u></b> The applicant has a sound and reasonable plan for evaluating the project. Goals and corresponding indicators are consistent with the goals of this RFP. Indicators are measurable and will help program determine if it meeting its goals. Specific data collection and analysis techniques are described. The evaluation plan is able to provide an objective analysis of the effectiveness or impact of the project.</p> <p><b><u>Work Plan</u></b> The applicant's plans are clearly stated, realistic and are consistent with the program requirements of the RFP. The methods described in the work plan will facilitate the project's accomplishing what has been proposed, and are sequentially reasonable. The methods can be accomplished given the time</p>
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<p><b>Mobile Mammography Services Program continued</b></p>	<p>frames, staffing patterns, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. Applicants that serve minority populations must include a description of how any cultural barriers will be overcome, in order to ensure cultural competence.</p> <p><b><u>Coordinated Service Delivery</u></b></p> <p>Applicant demonstrates that necessary community agencies have been or will be involved in the planning and execution of the project (including law enforcement, the courts, social services, schools, minority community-based agencies/organizations/advocacy groups, legal services and health service providers as appropriate) to achieve a coordinated approach. Application includes a description of how applicant will work with local partners. Interagency agreements and letters of cooperation are included, or applicant describes a plan for securing the interest and cooperation of community agencies.</p>
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V. Department of Health and Family Services – Joe LEEAN, Secretary

The department requests a transfer of \$1,107,000 GPR in 1997-98 from s. 20.435(5)(b), Medical Assistance program benefits, to s. 20.435(3)(cx), Milwaukee child welfare services aids, to provide services to parents of children in out of home care who have become ineligible for Medical Assistance.

Governor's Recommendation

Approve the request. Providing services in a timely manner to parents who children are in out of home care will facilitate reunification and reduce out of home placement costs.

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

**Date:** December 18, 1997  
**To:** Members, Joint Committee on Finance  
**From:** Mark D. Bugher, Secretary  
Department of Administration  
**Subject:** Section 13.10 Request from the Department of Health and Family Services for the Transfer of Funds from the Medicaid Appropriation to the Milwaukee Child Welfare Aids Appropriation

### **Request**

The department requests a transfer of \$1,107,000 GPR in 1997-98 from s. 20.435(5)(b), Medical Assistance program benefits, to s. 20.435(3)(cx), Milwaukee child welfare services aids, to provide services to parents of children in out of home care who have become ineligible for Medical Assistance.

### **Background**

1997 Act 27 requires the Department of Health and Family Services (DHFS) to assume the responsibility for the Milwaukee child welfare system on January 1, 1998. Under the department's takeover plan, parents of a child removed from the home because of child abuse and neglect will receive services such as mental health and substance abuse counseling, parent education and home management skills to facilitate reunification of the child with the parents. Because parents receiving Medical Assistance (MA) lose their MA eligibility when their children are removed from the home, Act 27 provided additional MA funds for these parents to receive services. DHFS believed that the state MA plan could be amended to extend eligibility to parents whose children have been temporarily removed from the home.

### **Analysis**

The department has been informed by federal Health and Human Services officials that MA eligibility cannot be extended, via an amendment to the state plan, to parents whose children's out of home placement costs are funded by federal Title IV-E. Rather, DHFS must seek an MA waiver. The department will submit a waiver request in December as part of its waiver request for Badger Care, and anticipates a response from the federal government in the spring of 1998. The parents of children in the Kinship Care program remain MA eligible

since the out of home costs are funded by federal Temporary Assistance to Needy Families funds.

Since the MA appropriation can be used only for MA services for MA clients, the department is requesting the transfer of GPR from the MA appropriation to the Milwaukee child welfare aids appropriation. Pending waiver approval, the department will contract with case management agencies to arrange for services for parents affected by the waiver request. These services will be funded with 100% GPR. If the waiver is approved prior to the end of FY98, the department will use the GPR that will be transferred to the child welfare appropriation as match for the MA services.

The department estimates that \$1,107,000 GPR in FY98 will be needed for services for the waiver affected clients. The transfer request is for GPR budgeted for non-kinship care parents in Milwaukee plus a portion budgeted for parents outside of Milwaukee County. DHFS justifies transferring some of the non-Milwaukee funds since these parents will not be eligible for MA services until the waiver is approved.

**Recommendation**

Approve the request. Providing services in a timely manner to parents who children are in out of home care will facilitate reunification and reduce out of home placement costs.

Prepared by: Gretchen A. Fossum  
266-2288



State of Wisconsin  
Department of Health and Family Services

Tommy G. Thompson, Governor  
Joe Lekan, Secretary



November 20, 1997

The Honorable Brian Burke  
Senate Co-Chair, Joint Committee on Finance  
Room LL1, 119 Martin Luther King Jr. Blvd.  
Madison, WI 53702

The Honorable John Gard  
Assembly Co-Chair, Joint Committee on Finance  
Room 315 North, State Capitol  
Madison, WI 53702

Dear Senator Burke and Representative Gard:

Summary of Request

The Department of Health and Family Services requests a transfer of \$1,107,000 GPR in FY 98 from s. 20.435 (5)(b), the Medical Assistance Program Benefits appropriation, to s. 20.435 (3)(cx), the Milwaukee Child Welfare Services appropriation. This funding will be used to provide services for parents in Milwaukee County whose children have been temporarily removed from their homes for child welfare reasons and placed in foster homes, and who become ineligible for Medical Assistance due to the removal of their children.

Background

The 1997-99 biennial budget directs the state to assume the responsibility for the Milwaukee child protective services (CPS) system on January 1, 1998. In the child protective system a child is removed from his/her home if the child has been or is at substantial risk of being abused or neglected. The child is placed in an out-of-home setting such as foster care. Under the state takeover plan for the Milwaukee CPS, the parents of the children removed from the home will be provided services based on an assessment of the parent(s)' needs. These services include mental health counseling, substance abuse counseling, parent education, home management skills, and other services. These services are designed to promote successful reunification of the child with the parent and to do so in as expeditious a manner as possible so as to minimize the length of time the child has to be in an out-of-home setting. In addition, in cases where termination of parental rights (TPR) and adoption are in the best interests of the

child, provision of services to the parents prior to TPR is necessary as the state is required to demonstrate to the court that it has made reasonable efforts to reunite the family.

As part of its actions on the 1997-99 biennial budget, the Joint Finance Committee (JFC) provided funding for services for parents in Milwaukee County whose children have been temporarily removed from their homes for child welfare reasons. A portion of this funding was placed in the MA appropriation on the assumption that a portion of the parents in these cases would be MA-eligible. In cases where the parent is an MA client, it is more cost-effective to provide these services through the MA program in order to leverage the federal matching funds.

Developments since the JFC action in June affect one of the assumptions underlying the JFC action. At the time of the JFC action, the Department believed, based on discussions held with federal officials prior to that point, that the Department could use the MA state plan amendment process to extend MA eligibility to parents whose children were temporarily removed from their homes. However, since the JFC budget action, the Department has been informed by federal Health and Human Services officials that the Department cannot extend MA eligibility to parents whose children are placed in out-of-home settings that are funded by federal IV-E funds, such as foster care, through a state plan amendment, but rather must apply and get approval for an MA waiver. A waiver is a more complicated and lengthier process than a state plan amendment. The Department is currently preparing a waiver request to address this issue and plans to submit the waiver request at the end of December (as part of the Department's waiver request for Badger Care). The Department expects the federal government to provide its response to the Department's waiver request in the spring of 1998.

Since the JFC action, federal DHHS officials have confirmed that the Department can extend MA eligibility through a state plan amendment to parents whose children have been temporarily removed from the home and placed with a relative under the Kinship Care program. The Department will be issuing this MA state plan amendment in December 1997.

Under the state assumption of Milwaukee CPS, every family with a child in out-of-home care will be assigned a case manager. The case managers are responsible for accessing, coordinating and monitoring services for the family, including arranging for mental health, AODA, parenting, and other services needed by the parents. Until the Department's waiver request is approved, the Department will contract with the case management agencies to arrange for the provision of services to the parents affected by the waiver request. The case management agencies will be responsible for subcontracting with community social service, AODA, and mental health agencies to arrange for the provision of services. This is the same mechanism that the Department is using in the Milwaukee CPS program for the provision of services to parents without insurance.

By statute, funding in the MA appropriation can only be used for MA services for MA clients. Therefore, the funds in the MA appropriation cannot be used to fund the services for these parents until they become MA clients through the approval of the federal waiver. The Department is requesting that GPR funding allocated by JFC for this purpose be transferred

from the MA appropriation to the Milwaukee Child Welfare appropriation so that services can be provided to these parents on a contractual basis as described above. This is the same way that funding for parents without insurance is treated.

If the federal waiver is approved prior to the end of FY98, the parents will be extended MA eligibility and FY98 funding in the Milwaukee Child Welfare appropriation will be used as the GPR match for their MA services. This will ensure that services to these parents are provided in the most cost-effective way.

#### Calculation of Funding Transfer Request

The attached spreadsheet shows the calculation for the amount of funding in the Department's request. The total amount of MA funding provided in the biennial budget for this purpose is \$3,429,100 AF. Of this total, the Department estimates that \$368,100 AF is budgeted for the cases where the child has been removed from the home and placed with a relative under the Kinship Care program. As noted above, these parents will retain their MA-eligibility during the period the child is out of the home. Therefore the funding for Kinship Care cases will remain in the MA appropriation and these parents will receive their services through the MA HMO program.

The remaining amount of funding, \$3,061,000 AF (\$1,258,800 GPR), was budgeted for cases where the child is removed from the home and placed in foster care. Of this amount, \$695,600 AF (\$285,200 GPR) was budgeted for cases outside of Milwaukee and \$2,365,300 AF (\$973,600 GPR) was budgeted for Milwaukee cases. These parents will not be MA-eligible until the federal waiver is approved.

Based on the Legislative Fiscal Bureau assumptions at the time of the JFC action (LFB Paper #479) regarding the cost of funding services through the case management contractual approach and the Department's assumptions regarding the number of Kinship Care cases, the total cost of providing services on a case management contractual basis to the set of parents affected by the waiver application is \$1,107,006 in FY98. The Department requests that this amount of funding be transferred from the MA appropriation, 20.435 (5)(b), to the Milwaukee child welfare appropriation, 20.435 (3)(cx).

This transfer includes a portion of the funding placed in the MA appropriation that was intended to cover MA eligibility extension for cases outside of Milwaukee County. The Department finds it appropriate to include this funding in the transfer request for two reasons. First, MA eligibility cannot be extended to these parents until the federal waiver is approved which will not occur before June 1998, with the result that funding budgeted for MA coverage of non-Milwaukee parents cannot be used for this purpose while the waiver request is pending. Second, the GPR costs of providing services to parents on a case management contractual basis is higher than under the MA approach because the contractual services must be funded completely with GPR, rather than having a portion funded by federal funds under MA. Therefore, including a portion of the funding that would have gone to funding MA eligibility in non-Milwaukee counties in the transfer request will provide the full amount of funding



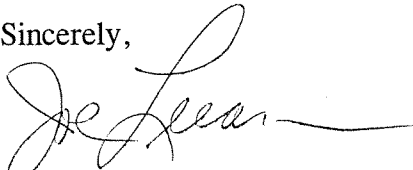
estimated to be needed to provide services on a case management contractual basis to the parents in the Milwaukee CPS system.

Statutory Criteria

This request meets the statutory criteria of an unforeseen emergency under s.13.10 because in the absence of Joint Finance Committee action at this time there will be insufficient funding for services needed by parents in the Milwaukee Child Protective Services system. Joint Finance Committee action is necessary at this time because services need to be provided to parents beginning January 1, 1998, the date the state assumes responsibility for the Milwaukee CPS system. This request is unforeseen because the Department was not aware at the time of the JFC action on the budget that a federal waiver request would be required, which delays the implementation of MA eligibility for these parents. The request is consistent with legislative intent which is to provide funding for services needed by parents in Milwaukee County whose children are temporarily in out-of-home placements for child welfare reasons.

Thank you for consideration of this request. I will be at the December 18 meeting to represent the Department.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe Leean", followed by a horizontal line extending to the right.

Joe Leean  
Secretary

cc: Bob Lang

MA Funding for Child Welfare Cases						
FY98						
				Milwaukee	Non-Milwaukee	Total
	Total MA Funding Budgeted			2,592,860	836,240	3,429,100
	GPR			1,067,221	344,196	
	FED			1,525,639	492,044	
	Total MA Funding for Cap.Rates			1,352,909	836,240	
	MA Funding for Kinship Cases Cap. Rates*			227,512	140,626	368,138
	% of funding accounted for by Kinship Cases*			0.17	0.17	
	MA Funding for Cases other than Kinship			2,365,348	695,614	3,060,962
	GPR			973,577	285,202	1,258,779
	FED			1,391,771	410,412	1,802,183
	Amount of Funding estimated by LFB			1,996,200		
	to provide all services on case mgmt.					
	contractual services approach					
	Amount of Funding for non-MA eligible			665,400		
	adult in family (.5 adult/family)					
	Amount of Remaining Funding			1,330,800		
	Percent of Remaining Cases that are Kinship			0.17		
	cases					
	Funding Needed for Kinship Cases			223,794		
	Amount of Funding Needed to provide			1,107,006		
	services to out-of-home cases (excl.					
	Kinship cases) on case mgmt.					
	contractual basis					
*Funding for Kinship Care cases based on caseload assumptions used in						
Milwaukee Child Welfare cost model and summarized on attached sheet.						
It is assumed that Kinship Care cases in non-Milwaukee areas account for the						
same proportion of total cases as in Milwaukee.						

JFC2.XLS  
MA Exten

Anticipated number of families in Milwaukee County where CPS will place child in kinship care and parent will retain MA eligibility (number represents point in time)						
Monthly Cap Rate	122.86					
	NEW CASES	INHERITED CASES	TOTAL CASES	MA Cap. Rate Costs	FY98 Total	
Jan-98	9	99	108	\$ 13,269		
Feb-98	57	94	151	\$ 18,552		
Mar-98	104	246	350	\$ 43,001		
Apr-98	148	235	383	\$ 47,055		
May-98	191	224	415	\$ 50,987		
Jun-98	232	213	445	\$ 54,673	\$227,537	
Jul-98	272	202	474			
Aug-98	310	191	501			
Sep-98	346	180	526			
Oct-98	380	169	549			
Nov-98	413	158	571			
Dec-98	443	147	590			
Jan-99	473	137	610			
Feb-99	500	84	584			
Mar-99	500	77	577			
Apr-99	500	70	570			
May-99	500	0	500			
Jun-99	500	0	500			
Jul-99	500	0	500			
Aug-99	500	0	500			
Sep-99	500	0	500			
Oct-99	500	0	500			
Nov-99	500	0	500			
Dec-99	500	0	500			
We assume that roughly 50 new families will be added or retained on the MA caseload each month when their children are placed in kinship care by CPS						

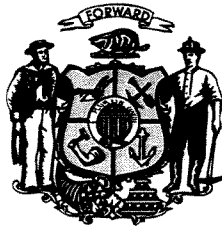
VI. Department of Health and Family Services – Joe Lekan, Secretary

The department requests that the Committee supplement the department's appropriation under s. 20.435(7)(ky) with \$4,196,600 FED in 1997-98 and \$9,428,800 FED in 1998-99 of federal Temporary Assistance to Needy Families funds from the Committee's appropriation under s. 20.865(4)(m). The funds are to be used for payments under s. 49.775 to Supplemental Security Income recipients who are custodial parents for the support of their children.

Governor's Recommendation

Modify the department's request. Request that the Committee supplement DHFS' appropriation under s. 20.435(7)(ky) by \$4,136,500 TANF in FY98 and \$9,863,500 TANF in FY99, or \$14,000,000 for the biennium. The modification results from needing additional funds to ensure payment to all parents currently receiving aid for their children and the revised payment schedule for FY98.

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY

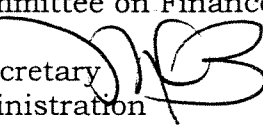


V/

Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

**Date:** December 18, 1997

**To:** Members, Joint Committee on Finance

**From:** Mark D. Bugher, Secretary  
Department of Administration 

**Subject:** Section 13.10 Request from the Department of Health and Family Services  
for the Release of Federal Temporary Assistance to Needy Families Funds

### **Request**

The department requests that the Committee supplement the department's appropriation under s. 20.435(7)(ky) with \$4,196,600 FED in 97-98 and \$9,428,800 in 1998-99 of federal Temporary Assistance to Needy Families funds from the Committee's appropriation under s. 20.865(4)(m). The funds are to be used for payments under s. 49.775 to Supplemental Security Income recipients who are custodial parents for the support of their children.

### **Background**

1997 Act 27, the 1997-99 biennial budget bill, created a new monthly \$77 per child payment to certain Supplemental Security Income (SSI) recipients for the support of their dependent children. This payment replaces the child-only benefit parents received under Aid to Families with Dependent Children (AFDC). The budget funded the \$77 payment with a combination of GPR and Temporary Assistance to Needy Families (TANF) funds and assumed that the GPR funding could be used towards the state's SSI maintenance of effort requirement under 42 USC 1382g.

The biennial budget bill also set aside \$14 million TANF funds in the Joint committee on Finance's (JCF) supplemental appropriation in case additional TANF funds were needed if: (a) Congress restored SSI eligibility for legal aliens, who were not funded in Act 27; (b) the federal Social Security Administration (SSA) did not allow the state to count the \$77 payment towards the SSI maintenance of effort; and/or (c) SSA allowed the state to count the \$77 payment towards the maintenance of effort, in which case statutes require the payment to increase to \$100.

### **Analysis**

The Balanced Budget Act of 1997 (P.L. 105-33) restored SSI benefits to legal noncitizens who were receiving benefits on August 22, 1997 and also restored SSI eligibility for legal noncitizens who become disabled after August 22, 1997. The

state cost for restoration of these benefits is \$1,329,300 in FY98 and \$5,077,600 in FY99. In addition, on October 10, 1997 SSA notified DHFS that it did not consider the \$77 payment to be a SSI payment and thus the state cannot use the payment as part of its maintenance of effort requirement. The net result of these two actions is the need to fund the \$77 payments entirely from TANF.

DHFS estimated the total cost of the \$77 payments to be \$5,767,300 in FY98 and \$9,886,800 in FY99. The estimate was based on payments for 10,700 children for 7 months in FY98 and 12 months in FY99. However, on December 1, 1997 DHFS made \$77 payments for 5,978 children with a tentative caseload estimate of 11,357 children beginning in January 1998. The increase from 10,700 to 11,357 children was largely due to that fact that asset and income limits for AFDC eligibility were slightly increased in FY97 in preparation for the conversion to the W-2 program. While technically the eligibility for the \$77 supplement is tied to old AFDC criteria under s.49.19, DHFS, the Department of Workforce Development and the Department of Administration believe that it was legislative intent to give all current AFDC children with SSI parents a \$77 supplement once W-2 began. In the future, new applicants will be held to s. 49.19 eligibility criteria.

Consequently, after making payments for 5,978 children in December 1997, DHFS will begin making \$77 payments for a projected 11,357 children for 6 months in FY98 and for 12 months in FY99. The cost to fund payments for the 11,357 children under the revised payment schedule is \$5,707,200 in FY98 and \$10,493,900 in FY99. Act 27 provided \$1,570,700 TANF in FY98 and \$458,000 TANF in FY99 for the \$77 payment. DHFS will need \$4,136,500 TANF in FY98 and \$10,035,900 TANF in FY99 or a total \$14,172,400 TANF to fund the \$77 payments. If actual caseloads require TANF funds over \$14,000,000, DHFS will address the shortfall issue in the spring of 1998.

DHFS will seek a reversal of the SSA decision concerning use of the \$77 payment as part of the state's required maintenance of effort. Until the issue is resolved, the department plans to fund the payments with TANF. If SSA eventually rules in favor of the department, the payments will be converted to GPR up to the level of the state's maintenance of effort and the monthly amount will increase to \$100. Existing SSI GPR will be used to pay the incremental increase.

### **Recommendation**

Modify the department's request. Request that the Committee supplement DHFS' appropriation under s. 20.435(7)(ky) by \$4,136,500 TANF in FY98 and \$9,863,500 TANF in FY99, or \$14,000,000 for the biennium. The modification results from needing additional funds to ensure payment to all parents currently receiving aid for their children and the revised payment schedule for FY98.



State of Wisconsin  
Department of Health and Family Services

Tommy G. Thompson, Governor  
Joe Leean, Secretary



November 20, 1997

The Honorable Brian Burke  
Senate Co-Chair, Joint Committee on Finance  
Room LL1, 119 Martin Luther King Jr. Blvd.  
Madison, WI 53702

The Honorable John Gard  
Assembly Co-Chair, Joint Committee on Finance  
Room 315 North, State Capitol  
Madison, WI 53702

Dear Senator Burke and Representative Gard:

Summary of Request

Under the provisions of section 9132(2z) of 1997 Act 27 (the 97-99 biennial budget), the Department of Health and Family Services requests that the Joint Committee on Finance supplement the DHFS appropriation under s. 20.435(7)(ky) with federal Temporary Assistance to Needy Families (TANF) funds from the Committee's appropriation under s. 20.865(4)(m). DHFS requests \$4,196,600 in FY 98 and \$9,428,800 in FY 99 to fund payments under s. 49.775 to SSI recipients who are custodial parents for the support of their children.

## Background

The 1997-99 biennial budget created a new \$77 per child benefit to be paid to disabled parents on SSI for the support of their dependent children. The new benefit will replace an AFDC child-only benefit that these families have been receiving. The budget assumed that the payments will be paid by DHFS with a combination of GPR and TANF funds, with the GPR counted towards the State's SSI Maintenance of Effort (MOE) requirement.

The biennial budget also set aside \$14 million in the Committee's appropriation in case additional funds are needed to fund the \$77 payments because 1) Congress restores SSI eligibility for legal aliens, which would result in less GPR available in DHFS's SSI appropriation to fund the \$77 payments, 2) the federal Social Security Administration (SSA) does not allow the State to count the \$77 payments towards the State's SSI MOE requirement, in which case the payments would be funded entirely with TANF funds, and/or 3) SSA allows the State to count the \$77 payments towards its MOE requirement, in which case the statutes mandate that the payments increase from \$77 to \$100.

The first two contingencies have occurred. Earlier this year, Congress passed the Balanced Budget Act of 1997 (P.L. 105-33), which restored SSI benefits for legal noncitizens who were receiving benefits as of August 22, 1996, and restored prospective SSI eligibility for legal noncitizens who in the future become disabled. Because of the federal law change, DHFS will have higher GPR expenditures for SSI benefits than was assumed in the biennial budget, and, as a result, it will require additional TANF funds to make the \$77 payments. The fiscal effect of the restoration of benefits to legal noncitizens is estimated to be \$1,329,300 in FY 98 and \$5,077,600 in FY 99 above budgeted levels.

In addition, SSA notified DHFS in an October 10 letter (which is attached) that it did not consider the \$77 payments to be SSI payments and therefore would not recognize the payments as meeting MOE requirements under 42 USC 1382g. The consequence of SSA's decision, if left unchanged, is that DHFS must fund the \$77 payments entirely with TANF funds, at a cost of \$2,867,300 in FY 98 and \$4,351,200 in FY 99 in addition to the cost of restoring benefits to noncitizens. DHFS's total TANF need for the program is thus \$4,196,600 in FY 98 and \$9,428,800 in FY 99 above budgeted levels.

DHFS is seeking to reverse SSA's decision, but the issue may not be finally resolved for several months to a year. In the interim, DHFS wishes to fund the \$77 payments with TANF funds, to avoid significant GPR costs if SSA's decision remains unchanged. If SSA later allows Wisconsin to treat the \$77 payments as SSI payments for MOE purposes, DHFS would convert the funding for the program from TANF to state SSI GPR funds, up to the State's MOE level. However, DHFS would still require \$1,329,300 in TANF funds in FY 98 and \$5,077,600 in FY 99 above budgeted levels as a result of restoration of benefits to noncitizens.



I will be at the December 18 meeting to represent the Department.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe Lekan", with a long horizontal flourish extending to the right.

Joe Lekan  
Secretary

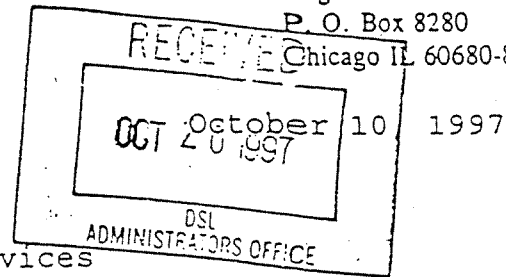
cc: Bob Lang

Estimated TANF Expenditures by DHFS for \$77 payments to SSI parents				
	FY 98	FY 99	Total for Biennium	
1. Estimated Expenditures for \$77 payments	\$ 5,767,300	\$ 9,886,800	\$ 15,654,100	
2. TANF Budgeted for \$77 payments in Act 27	\$ 1,570,700	\$ 458,000	\$ 2,028,700	
3. Additional TANF need due to non-citizen eligibility	\$ 1,329,327	\$ 5,077,558	\$ 6,406,884	
4. TANF need due to federal MOE decision (in addition to line 3)	\$ 2,867,273	\$ 4,351,242	\$ 7,218,516	
5. Total TANF Expenditures for \$77 payments (lines 2, 3, and 4)	\$ 5,767,300	\$ 9,886,800	\$ 15,654,100	
6. Total TANF need above budgeted levels	\$ 4,196,600	\$ 9,428,800	\$ 13,625,400	



## SOCIAL SECURITY

Regional Office V  
P. O. Box 8280  
Chicago IL 60680-8280



Mr. Joe LEEAN, Secretary  
Department of Health and Family Services  
P.O. Box 7850  
Madison, Wisconsin 53707-7850

Dear Mr. LEEAN:

This is in reply to Mr. Gerald Born's September 5, 1997, letter asking us to verify that the costs of a benefit proposed in Wisconsin's 1997-1999 biennial budget bill can be classified as SSI payments for the purposes of determining the State's compliance with its SSI Maintenance of Effort (passalong) requirement.

According to Mr. Born's letter, the State's budget creates a new benefit to be paid to adult SSI recipients for support of their dependent children, in the amount of \$77 per child per month. The State would add the new benefit to the parent's SSI State supplement check. In general, the State will fund this payment with a combination of State SSI supplement funds and Federal Temporary Assistance for Needy Families funds. However, when the State uses only State SSI supplement funds to pay individuals this benefit, it would like to include this payment in calculating the State's total expenditures for the passalong provision. Mr. Born's letter contends that this benefit meets the definition of an SSI payment under 20 CFR 416.2001(a).

The aforementioned reference, 20 CFR 416.2001(a) states:

State supplementary payments; defined. State supplementary payments are any payments made by a State or one of its political subdivisions...to a recipient of supplemental security income benefits...if the payments are made:

(1) In supplementation of the Federal supplemental security income benefits; i.e., as a complement to the Federal benefit amount, thereby increasing the amount of income available to the recipient to meet his needs....

SSA's interpretation of this citation is that the State SSI payment made to an individual is solely for that individual's use and benefit. The SSI provisions do not allow payments to recipients for dependents. Payment determinations are based on the Federal and State living arrangement, not on the status of the person receiving the Federal SSI payment or the optional state supplementary payment.

Therefore, the type of payment proposed by the State cannot be classified as an optional state supplementary payment for passalong compliance purposes.

If you have any questions, please call me at (312) 575-4000. Staff may contact Marilyn Zavoskey-Davis, Management and Operations Support-Center for Retirement and Survivors, Supplemental Security Income (SSI) and Disability-SSI Team Program Specialist, at (312) 575-4235.

Sincerely,



Myrtle S. Habersham  
Regional Commissioner

cc: SSA, Associate Commissioner for  
Program Benefits Policy  
Mr. Anthony Esealuka, WI SSI  
Coordinator  
Field Office Manager,  
Madison, WI  
Area Director, Area II